

rangement which he suffered from, experienced at the time when he was a smoker nocturnal pains coming on in paroxysms, and characterized by a constriction of the thorax with palpitations, and neuralgic pains shooting into the neck. He is now completely free from these seizures.

6th. A merchant, who for fifteen or twenty years had suffered from dyspepsia, occasioned by the immoderate use of tobacco, has suffered for about two months from nocturnal attacks, characterized by agonizing pain in the region of the heart, with palpitations, and painful radiations extending to both shoulders; the appearance of the face is altered, the pulse is small and intermittent. In spite of the existence of these symptoms, this person smokes more than ever.

7th. An old man of seventy-five, fresh and vigorous, smoked a great deal in order to distract his mind from various sources of annoyance, although he had had several slight suffocative paroxysms. On a Saturday, he had an attack of angina, which lasted for half an hour; next day, the attack recurred; on Monday morning, he was found dead in bed.

8th. A foreign diplomatist who smoked a great deal, and who was in a feeble condition although he appeared robust, was seized one evening in returning home with an attack of angina; his pulse was small, his hands cold, his appearance choleraic. He fell asleep at eleven o'clock, and awoke next morning at his usual hour. He was able to go through all his ordinary duties, and at five o'clock in the afternoon was seated smoking in his arm-chair, when he suddenly expired. On post-mortem examination the only lesion found was a fatty condition of the heart.—*Ed. Med. Journ.* Aug., 1862, from *Journ. de Méd. et de Chirurg. pract.*, July, 1862.

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22. *Rheumatic Pericarditis and Endocarditis*.—Dr. JOSEPH BELL, Clinical Lecturer, Glasgow Royal Infirmary, has published (*Glasgow Medical Journ.*, April and July, 1862) some interesting practical remarks on the diagnosis and treatment of rheumatic pericarditis and endocarditis.

From the facts and reasonings adduced in that paper he makes the following conclusions:—

1st. That when the physical symptoms either of pericarditis or endocarditis become manifested in a case of rheumatic fever, we are entitled to infer that these diseases exist, irrespective of the absence of the general or constitutional symptoms which usually attend the idiopathic forms of these diseases.

2d. That we are justified in considering that the effects are capable of being removed, and are therefore amenable to treatment.

3d. That those remedies which are calculated to remove congestion and promote absorption, form the proper therapeutic agents; and that of these bleeding, mercury, and iodide of potassium, are among the most powerful and useful.

4th. That when the action of the heart becomes enfeebled in consequence of effusion into the pericardium, the free use of stimulants becomes absolutely necessary.

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23. *The Physiology and Pathology of the Supra-renal Capsules*.—The following are the conclusions arrived at by Dr. HARLEY in his prize essay on this subject: 1. The supra-renal capsules are not fetal organs, but perform their functions up to the latest periods of life. 2. The supra-renal capsules are not absolutely essential to life. When removed artificially or destroyed by disease, their function is vicariously performed by the other "ductless glands," more especially by the thymus. 3. Young animals support the removal of the supra-renal capsules better than old ones (probably on account of the greater activity of the thymus in early life). 4. When only one capsule is extirpated, the other performs the double function. 5. A wounded capsule heals readily. 6. The supra-renal capsules are not marked by any great sensibility. 7. The removal of the right is more frequently attended with fatal results than removal of the left supra-renal capsule. 8. The lower animals are liable to disease of the supra-renal capsules. 9. When death follows upon the extirpation of the supra-renal capsules, in the majority of cases it is in consequence of the injury done to the solar plexus. 10. The supra-renal capsules are richly supplied by bloodvessels as well as by nerves. 11. Their function is apparently intimately connected with the formation of the red blood corpuscles.

The author further shows, from a large collection of facts, that—

1st. Supra-renal capsular disease is two times and a half more frequent in males than in females.

2d. That it occurs with equal frequency above and below the age of thirty-five years.

3d. That both capsules are (four times) more liable to be affected than only one.

4th. That the right capsule is much more liable (three times) to become diseased than the left.

5th. In diseased supra-renal capsules—

40 per cent. are affected with tubercle.

20 “ “ “ cancer.

12 “ “ “ fatty deposit.

12 “ “ “ calcareous deposit.

6th. Males are more liable to be affected with bronzed skin (either with or without supra-renal capsular disease) than females, the proportion being as 3 to 1.—*Lond. Med. Rev.*, Oct. 1862.

24. *Morbus Addisonii*.—Dr. WILKS exhibited to the London Pathological Society the supra-renal capsule from a patient who had died of morbus Addisonii. The specimen had been sent to Dr. W. by Mr. Truman, of the Nottingham Dispensary, the patient having been under the care of Mr. Marshall Hall Higginbottom. When first seen he was 26 years of age, complained of excessive weakness and want of energy, and there was a slight yellowish tinge on his countenance. He gradually lost flesh and strength until he became confined to his bed; he then underwent a thorough examination, and no disease could be found in his body. The skin gradually darkened, and the only thing he ever complained of was an aching, dull pain in the loins. The weakness increased, and towards the close there was vomiting. On post-mortem examination, the skin was observed to be universally discoloured, of a yellowish-brown hue, and more markedly so on the abdomen; but there were no distinct patches of melasma. All the organs were healthy with the exception of the supra-renal capsules; these were twice the natural size, and, on section, seemed to be densely infiltrated with masses of yellow tubercle.—*Med. Times and Gaz.*, Oct. 25, 1862.

25. *Bronzed Skin Successfully Treated*.—THOS. TAYLOR, Esq., of Cricklade, relates (*British Medical Journal*, March 29, 1862) the following case: “On the 27th of June, 1861, I was called upon to visit Isaac Matthews, a carpenter by trade, stoutly made, of sanguine temperament, and about 36 years of age. I found he had been unwell for some time, and had been obliged to leave his work the last fortnight, simply from weakness. He was unable to walk across the room without assistance; he was in no pain, but felt an uneasiness about the loins; his appetite was not good; the bowels were regular, and the secretions from the bowels and kidneys healthy. The skin of the face and hands was highly bronzed, and had become so about the time he left his work: he said his friends had remarked of what a curious colour he was. He was advised to keep perfectly quiet, and do nothing whatever to produce fatigue, by attempting to walk or otherwise; to take sugar in large quantities with everything he drank; and to take five grains of iodide of potassium three times a day, in water.

“July 1st. He was much the same. He did not find the medicine to disagree in any way, and was ordered to continue the same.

“July 5th. He felt better before he was up this morning, and thought he should be able to walk; but on getting up felt as weak as ever. He was ordered to continue the iodide of potassium three times a day in four ounces of compound decoction of sarsaparilla.

“July 12th. He was rather stronger, and walked rather better; the complexion was rather improved. He continued to mend under this treatment until the 22d, when he had a severe rigor, which returned the next and following day, succeeded by fever, which reduced his strength.